



SPEAK

To your children in college

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This publication is part of SPEAK, New York State's suicide prevention campaign

SPEAK
Suicide
Prevention
Education
Awareness
Kit

New York State
George E. Pataki, Governor

Office of Mental Health
Sharon E. Carpinello RN, PhD
Commissioner



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YOUR CHILD is entering an exciting new phase of life. As he or she gets ready to go off to college, you're doing everything you can to prepare him or her for the many new experiences and challenges that lie ahead. You're probably discussing things like money and time management, making

healthy diet choices, getting enough sleep, and how best to balance school work and social life.

Entering college can be exciting, but it can also be stressful - many new students often feel sad or overwhelmed. That's why it's so important to also talk with your child about symptoms of depression. Feelings of pressure and stress are not uncommon during the beginning of college, but when "the blues" last for weeks, or interfere with your child's academic or social functioning, it may be a sign of clinical depression.

There is clear evidence of an increase of depression among college students. Researchers at Kansas State University found that from 1989 to 2001, the percentage of students treated for depression doubled, and the percentage of students feeling suicidal also doubled.

In a national survey, college students were asked how many times in the previous academic year they had felt intense hopelessness - only 38 percent said never, and nearly 10 percent said they had felt intense hopelessness more than eleven times.

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Stressors of college life

Psychological and environmental stressors can contribute to a depressive episode, though individuals react differently to life events and experiences. The researchers at Kansas State University found that students are experiencing more stress, more anxiety, and more depression than they were a decade ago.

Leaving familiar support systems of community and family and adjusting to the responsibilities and demands of college can be very stressful, especially for a new college student. Common stressors of college life include:

- Greater academic demands
- Being on their own in a new environment
- Changes in family relations
- Financial responsibilities
- Changes in social life
- Exposure to new people, ideas and temptations
- Preparing for life after graduation

You can help your child minimize the stress associated with these changes by encouraging him or her to set realistic goals, prioritize tasks and make plans for the use of work time. Encourage your child to begin building a new support network of friends and classmates, and to maintain a healthy lifestyle with regular exercise, a balanced diet, a sleep schedule and planned time for relaxation.

Recognizing depression

Clinical depression can affect a person's body, mood, thoughts, and behavior. It is a common, frequently unrecognized illness that can be effectively treated but left untreated, it can be fatal. Suicide is the third leading cause of death for persons aged 15-24, and depression is frequently a contributing factor. That is why it's so important that both you and your child become aware of the illness and its symptoms.

Depression can be successfully treated by qualified mental health professionals and health care providers. With treatment, 80 to 90 percent of those who seek help get better, with many feeling better in a few weeks.

Depression can change eating habits, the ability to work and study, the ability to enjoy pleasurable activities, and a person's interactions with others. The first step in treating and overcoming depression is recognizing it.

Does your child express feelings of:

- sadness, anxiety or emptiness?
- hopelessness, pessimism or guilt?
- helplessness or worthlessness?

Does he or she seem:

- unable to make decisions?
- unable to concentrate and remember?
- to have lost interest or pleasure in ordinary activities?

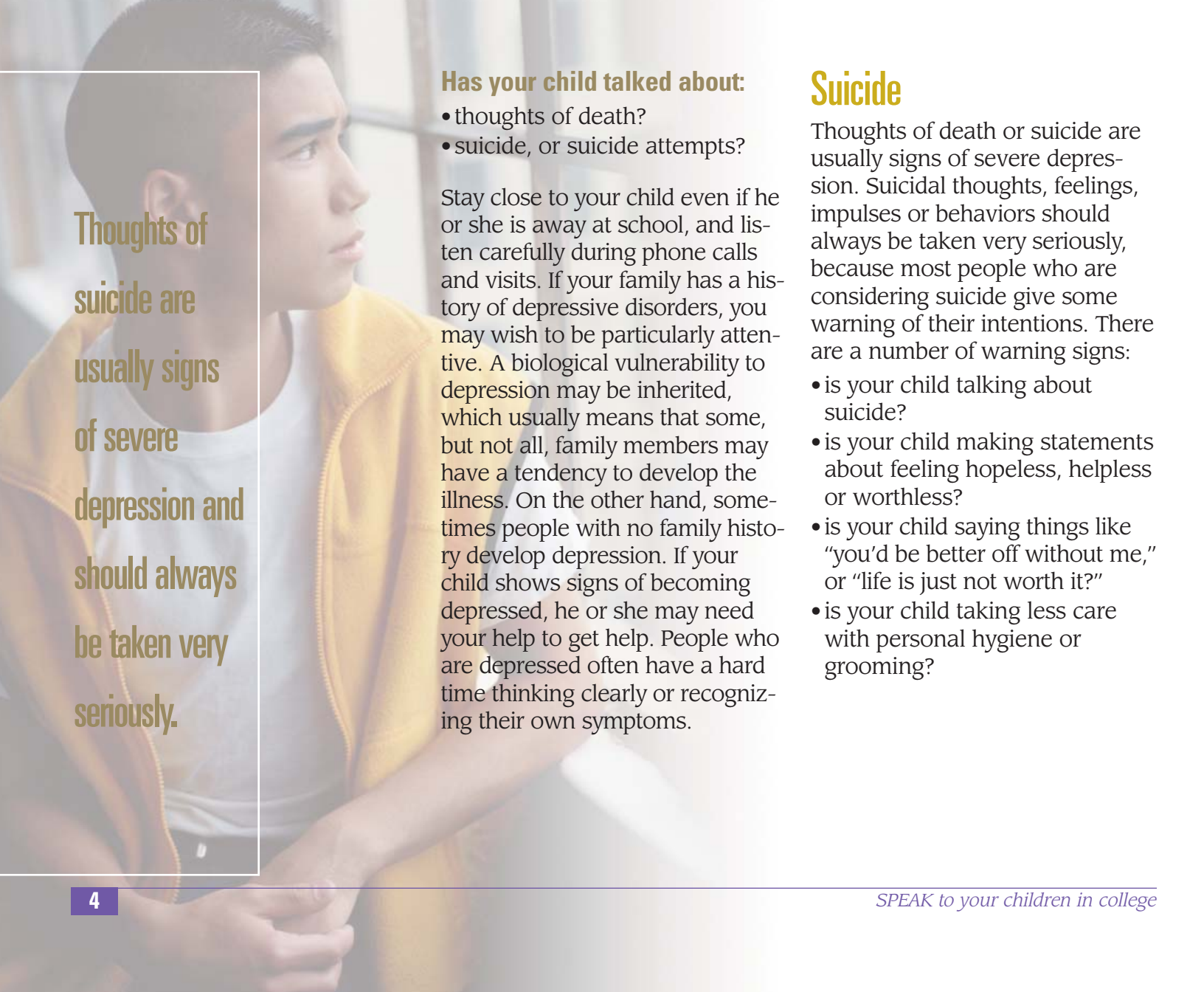
Does your child complain of:

- decreased energy, fatigue, being slowed down?
- sleep disturbances?
- appetite problems or weight changes?
- headaches, stomach aches or backaches?
- chronic aches and pains not explained by another physical condition?

Has your child's behavior changed suddenly so that he or she:

- is restless or more irritable?
- wants to be alone most of the time?
- is cutting classes, or dropping hobbies or activities?
- may be drinking heavily or taking drugs?

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A young man with dark hair, wearing a white t-shirt and a yellow zip-up jacket, is looking out a window. The background is a bright, slightly blurred indoor setting. The text is overlaid on the left side of the image.

Thoughts of suicide are usually signs of severe depression and should always be taken very seriously.

Has your child talked about:

- thoughts of death?
- suicide, or suicide attempts?

Stay close to your child even if he or she is away at school, and listen carefully during phone calls and visits. If your family has a history of depressive disorders, you may wish to be particularly attentive. A biological vulnerability to depression may be inherited, which usually means that some, but not all, family members may have a tendency to develop the illness. On the other hand, sometimes people with no family history develop depression. If your child shows signs of becoming depressed, he or she may need your help to get help. People who are depressed often have a hard time thinking clearly or recognizing their own symptoms.

Suicide

Thoughts of death or suicide are usually signs of severe depression. Suicidal thoughts, feelings, impulses or behaviors should always be taken very seriously, because most people who are considering suicide give some warning of their intentions. There are a number of warning signs:

- is your child talking about suicide?
- is your child making statements about feeling hopeless, helpless or worthless?
- is your child saying things like “you’d be better off without me,” or “life is just not worth it?”
- is your child taking less care with personal hygiene or grooming?

- has your child become preoccupied with death?
- has your child lost interest in things that he or she cares about?
- is your child putting personal affairs in order?
- is your child suddenly happier or calmer?
- is your child giving away treasured or personal possessions?

Listen carefully to what your child is saying - sometimes the comments are very subtle and easy to miss. Talk openly and seriously, and ask direct questions. Don't be afraid to ask your child if he or she is thinking about suicide. If you suspect that he or she is thinking about hurting or killing him/herself, help him or her to seek professional help immediately. Or call a local suicide or emergency hotline, a hospital emergency room, or call 911.

Getting help - treatment works

If you think your child might be depressed, ask him or her to discuss this with a qualified health care or mental health professional. Offer to accompany him or her, or encourage your child to bring along an understanding friend for support if he or she is hesitant or anxious about the appointment. Don't let fear of what others might say or think prevent you or your child from doing what's best for him or her. Reassure your child that you care, you understand, and that you certainly want him or her to feel better.

The professionals at a student health center or counseling service, the dormitory resident advisor, your family health care provider, or your clergy can be helpful resources for getting an evaluation and treatment. A community mental health agency, a



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A woman with long dark hair, wearing a red top and a patterned skirt, is sitting on a light-colored chair. She has a thoughtful or slightly sad expression, looking off to the side. The background is a bright, out-of-focus window.

Effective treatments for depression are available and can often provide relief from symptoms in just a few weeks.

hospital psychiatric outpatient department or clinic, or a private or nonprofit counseling center may also be sources of help.

Effective treatments for depression are available and can often provide relief from symptoms in just a few weeks. The most commonly used treatments are psychotherapy, antidepressant medication, or a combination of the two. Certain types of psychotherapy, particularly cognitive behavioral therapy and interpersonal psychotherapy, can help resolve the psychological or interpersonal problems that contribute to, or result from, the illness.

Antidepressant medications can help relieve the physical and mood symptoms of depression.

Individuals respond differently to treatment. If your child doesn't start feeling better after several weeks, suggest that s/he talk to the clinician about trying other treatments or getting a second opinion.

Helping a depressed friend

Your child may express concern for a friend or classmate who appears depressed. The best thing your child can do for a depressed friend is to help him or her get treatment. This may involve encouraging the person to seek professional help, or to stay in treatment once it is begun. Your child can also offer emotional support. This involves understanding, patience, affection and encouragement. Suggest that your child engage the depressed person in conversation or activities, and to be gently insistent if s/he meets with resistance. Your child can remind the person that with time and help, he or she will feel better.

Maintaining a balance

Adjusting to college life can be a stressful experience – as are most of life's major transitions. But along with the stress associated with its new freedoms and responsibilities, the college experience is an exciting time filled with tremendous opportunities. Your child will meet new people, see new places and share new ideas. Encourage your child to maintain a sense of balance while at school by developing disciplined work and personal habits, and effectively managing the use of time. The result is an empowering satisfaction that feels good and is good for your child.

For more information about SPEAK

All SPEAK materials are available for download at www.speakny.org

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing information contained in this brochure.

For more information, write the Office of Mental Health Community Outreach & Public Education Office, 44 Holland Avenue, Albany NY 12229, or call toll-free 866-270-9857.

SPEAK
**Suicide
Prevention
Education
Awareness
Kit**

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State and National Suicide and Mental Health Resources

State Resources

New York State suicide hotlines

<http://suicidehotlines.com/newyork.html>

Samaritans Suicide Prevention Center

518-689-4673 (Albany area)
212-673-3000 (New York City)

<http://www.timesunion.com/communities/samaritans>
(Albany website)

<http://www.samaritansnyc.org> (New York City website)

Mental Health Association in New York State (MHANYS)

518-434-0439

<http://mhanys.org>

Mental Health Association of New York City (MHANYC)

212-254-0333

800-LIFENET (crisis line)

<http://www.mhaofnyc.org/>

National Alliance for the Mentally Ill-New York State (NAMI-NYS)

518-462-2000

<http://www.naminys.org>

Teen Screen-Columbia University Program

<http://www.teenscreen.org>

Families Together in New York State

518-432-0333

888-326-8644 (information & referral line)

<http://www.ftnys.org>

National Resources

National Suicide Prevention Lifeline

800-273-TALK

800-273-8255

TTY line: 800-799-4889

<http://www.suicidepreventionlifeline.org>

National Suicide Hotlines

<http://suicidehotlines.com>

National Hopeline Network-Kristen Brooks Hope Center (KBHC)

800-SUICIDE (800-784-2433)

<http://hopeline.com>

Girls & Boys Town National Hotline

800-448-3000

TTY line: 800-448-1833

<http://www.girlsandboystown.org>

Covenant House NINELINE Hotline

800-999-9999

TTY line: 800-999-9915

<http://www.covenanthouse.org/nineline/kid.html>

American Association of Suicidology (AAS)

202-237-2280

<http://www.suicidology.org/index.cfm>

Suicide Prevention Resource Center (SPRC)

<http://www.sprc.org>

877-GET-SPRC (438-7772)

TTY line: 617-964-5448

National Strategy for Suicide Prevention (NSSP)

<http://www.mentalhealth.org/suicideprevention/default.asp>

Surgeon General's Call to Action to Prevent Suicide

<http://www.mentalhealth.org/suicideprevention/calltoaction.asp>

Air Force Suicide Prevention Program, a Population-Based Community Approach

<http://www.osophs.dhhs.gov/ophs/bestpractice/usaf.htm>

The American Foundation for Suicide Prevention

<http://www.afsp.org>

The Suicide Prevention Action Network USA (SPAN-USA)

<http://www.spanusa.org>

Suicide Awareness Voices of Education (SAVE)

<http://www.save.org>

Teen Suicide Resources

American Academy of Child and Adolescent Psychiatry (AACAP)

<http://www.aacap.org/publications/factsfam/suicide.htm>

Youth Suicide Prevention Programs: A Resource Guide

<http://aepo-xdv-www.epo.cdc.gov/wonder/prevguid/p0000024/p0000024.asp>

ANSWER (Adolescents Never Suicide When Everyone Responds)

<http://www.teenanswer.org>

President's New Freedom Commission on Mental Health

<http://www.mentalhealthcommission.gov>

National Mental Health Association (NMHA)

<http://www.nmha.org>

National Alliance for the Mentally Ill (NAMI)

<http://www.nami.org>



With help comes hope

I-800-273-TALK

www.suicidepreventionlifeline.org

Help is available for you or
someone you care about, 24-7